

Case Number:	CM14-0086172		
Date Assigned:	07/23/2014	Date of Injury:	04/20/2004
Decision Date:	08/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California and Washington. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 78-year-old female who reported an injury on 04/20/2004 reportedly sustained injuries to her shoulder after the chair fell and tipped over. The injured worker's treatment history included medications, physical therapy, epidural steroid injections and facet joint injections, chiropractic treatment, and MRI. It was noted the injured worker had underwent an L3-4, L4-5, and L5-S1 right transforaminal epidural injection on 03/11/2014 with approximately 50% to 60% alleviation of her radicular complaints. She injured worker was evaluated on 04/14/2014, and it was documented the injured worker complained of right shoulder, right hip and groin, and right leg pain. Pain was intermittent and described as aching to sharp. The injured worker also complained of low back pain which radiated down to the right lower extremity. The injured worker also complained of ongoing lower back pain with radiating pain to her right leg and had numbness and tingling on the right leg. Sometimes her knees give out. Objective findings revealed the injured worker was unable to perform heel and toe walk due to pain and weakness. There was loss of lumbar lordosis. There was tenderness to palpation of the lumbar spine. There was Restricted and painful range of motion of the lumbar spine. There was a positive sciatic and femoral tension signs bilaterally. There was tenderness to palpation of the thoracic spine. There was restricted range of motion of the thoracic spine. There was decreased sensation to light touch of the lumbar spine. Medications included flurbiprofen 20% topical inflammation plus lidocaine 2.5% topical local anesthetic for pain plus amitriptyline 5% topical nerve pain, Terocin pain lotion, and Norco 5/325 mg. Diagnoses included lumbar spine sprain/strain syndrome, right lumbar radiculopathy secondary to disc protrusion and neural stenosis at the L4-5 and L5-S1 levels. It was also beneficial with her mobility and overall functionality. The Request for Authorization was not submitted, however the rationale was for pain and nerve pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flurbiprofen 20% topical inflammation + Lido 2.5% + Amitriptylene 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Decision based on Non-MTUS Citation Dr. Singh rational for topical NSAID is a study showing higher synovial concentration. However current use is for neuropathic and mechanical low back and shoulder pain. Deeper structures without evidence of higher concentrations. In addition, no support for the other components in compound medications prescribed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s) 111-113 Page(s): 111-113.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least (or drug class) that is not recommended. The proposed gel contains methyl salicylate and menthol. Any compounded product that contains at least one or more drug class is not recommended. Other muscle relaxants there is no evidence for use of any other muscle relaxant as a topical product. In addition, this agent has compounding agents with two or three oral agents together. Lidocaine is only recommended for localized pain after there has been evidence of first line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica The guidelines do not recommend for the use of a topical product compounding two or more oral agents and found no efficacy or benefit over individual agents separately. The documentation submitted failed to indicate the injured worker's outcome measurements of conservative care measures such as physical therapy and pain medicine management. In addition, the request did not provide frequency or location where the compound cream will be applied. As such, the request for Flurbiprofen 20%, Topical Inflammation + Lidocaine 2.5% + Amitriptylene 5% is not medically necessary.

Cyclo 10% + Gaba 10% + Tramadol 20%, 150gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Decision based on Non-MTUS Citation Dr. Singh rational for topical NSAID is a study showing higher synovial concentration. However current use is for neuropathic and mechanical low back and shoulder pain. Deeper structures without evidence of higher concentrations. In addition, no support for the other components in compound medications prescribed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s) 111-113 Page(s): 111-113.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. Gabapentin not recommended. There is no-peer reviewed literature to support use. The proposed gel contains methyl salicylate and menthol. The documentation submitted failed to indicate the injured worker's conservative care measures such as, physical therapy and pain medicine management outcome measurements. In addition, request did not provide frequency or location where the compound medication will be applied. As such, Cyclo 10% + Gaba 10% + Tramadol 20%, 150 gm is not medically necessary.

Terocin pain lotion 240ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Decision based on Non-MTUS Citation Dr. Singh rational for topical NSAID is a study showing higher synovial concentration. However current use is for neuropathic and mechanical low back and shoulder pain. Deeper structures without evidence of higher concentrations. In addition, no support for the other components in compound medications prescribed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s) 111-113 Page(s): 111-113.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. Terocin ointment contain Lidocaine 4% and Menthol 4%. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed ointment contains lidocaine. Furthermore, there lack of outcome measures of conservative care such as physical therapy, pain management. In addition, there was no documentation provided on frequency or location where the Terocin Patch would be applied. As Terocin Patch contain lidocaine which is not recommended, the proposed compounded product is not recommended. As such, the request for retrospective Terocin pain lotion 240 ml is not medically necessary.